## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury

| Par          | t D General Information  |                     |   |                                |  |  |
|--------------|--|---------------------|---|--------------------------------|--|--|
| _            | At the state of th | 7/ / 4              |   | Employer identification number |  |  |
| •            | Mailing address (P.O. Box of number, street, a   | Tale Doni           | Son to hile                             | 91-12064219                    |  |  |
| 2            | Mailing address (P.O. Box of number, street, a   | nd room or suite nu | m ber)                                  | 11/2/12/03/13/1                |  |  |
|              | 3330 Andland Ave 1<br>City or town, state, and ZIP code  | NE,                 |   |                                |  |  |
|              | City or town, state, and ZIP code  |                     |   |                                |  |  |
|              | Buffalo, MN 5531   | 3                   |   |                                |  |  |
| 3            | E-mail address of organization   |                     |   |                                |  |  |
|              | JS + 109 2000 @ A  | sc. com             |   |                                |  |  |
| 4 a          | Name of custodian of records   | 4b Custo            | dian's address<br>f. Michael, MN        |                                |  |  |
|              | 0 10   |                     | f. Michael, MN                          |                                |  |  |
|              | Sue Rego   |                     | t                                       |                                |  |  |
|              | <u> </u>   |                     |   |                                |  |  |
| 5 a          | Name of contact person   |                     | 5b Contact person's address             |                                |  |  |
| John Stong   |  | 3-3                 | 3330 Andland AVENE<br>Buffalo, MN 55313 |                                |  |  |
|              | ),,,,  |                     |   |                                |  |  |
|              |  |                     |   |                                |  |  |
| 6            | Business address of organization (if different for   | rom mailing address | shown above). Number, street, and       | room or suite number           |  |  |
|              | Chu - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  |                     |   |                                |  |  |
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| Par          |  |                     |   |                                |  |  |
| 1 5          | Describe the purpose of the organization   |                     |   |                                |  |  |
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| Par          | t III List of All Related Entities (s  | ee instructions)    |   |                                |  |  |
|              |  | elationship         | 8c Address                              |                                |  |  |
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| Form 8871 (7-2 | 20(10)   |   | Page 2   |
|----------------|--|---|--|
| Part IV        | List of All Officers, D  | irectors, and Highly Co   | ompensated Employees (see instructions)  |
| <b>9a</b> Name |  | 9b Title  | 9c Address   |
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|                | Under penalties of perjury, I de<br>Revenue Code, and that I have<br>it is true, correct, and complete | clare that the organization pamed examined this notice including ac | in Part I is to be treated as an organization described in section 527 of the Internation of the Section 527 of the Internation of the best of my knowledge and belief |
| Sign           | Signature of authorized  | official (CV)   | Date   |
| Sign<br>Here   | , Jighatare of Buthonized  |   | ( )  |
|                |  | ●   | Form <b>8871</b> (7-2000   |